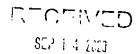
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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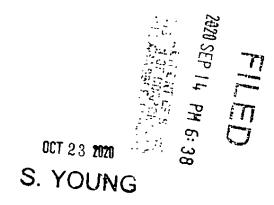
Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			•
SUBJECT: HE	Name of Lim	HAUDYMAI SE	invites 11 c
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	- In	Name of Person	1082
	HERMANDE	Firm/Company MA	) Sonvices IL C
	2047 Box	CA PALMS (A	i <u>r</u>
	16195 m	City/State and Zip Code  OFAX CENTER & Coto be used for future annual report note	34741
	E-mail address: (	OFA & CENTER & C	GMA, L. COM
For further information co	oncerning this matter, please c	all:	
RAMON H	Rerson	at (321) 512 - Area Code Daytim	- 4504
rame of	Terson	Aca Code 12ayının	receptione Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 12/0b/2016 and ass

This amendment is submitted to amend the following:

A. If amending name, enter the new name of	of the lim <u>ited liab</u>	<u>ility company her</u>	<u>·e</u> :	
HERNANDEZ F	LOOR A	nd tile	LLC	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de-	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applied	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
	. 0.234		_	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<del></del>		
B. If amending the registered agent and/or	registered office	address on our re	cords, enter the nam	e of the new registered
agent and/or the new registered office addre	· ·		<u> </u>	
Name of New Registered Agent:				
	<i>1</i>			
New Registered Office Address:		Ent or Elimi	da street address	
		omer Pari	aa sireet aauress	
			. Florida	
		City		Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
		<del> </del>	□Remove
			☐ Change
			□Add
			□Remove
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n effecti <u>ste:</u>   f	date, if other than the date of filing:	
ecord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ted _{	09/02/2020.	
	Signature of a member or authorized representative of a member	
	TAMON AFERNANSEL Typed or printed name of signee	

Filing Fee: \$25.00